

Rasheed Hilson Sr  
COMMITTED NAME (if different)

P.O. Box 4999, L.A., CA 93216  
FULL ADDRESS INCLUDING NAME OF INSTITUTION

637110  
PRISON NUMBER (if applicable)

1550

UNITED STATES DISTRICT COURT  
CENTRAL DISTRICT OF CALIFORNIA

Rasheed J. Hilson Sr.

PLAINTIFF,

v.

USC Medical Center  
and

Los Angeles County Jail  
Sheriff's Department  
DEFENDANT(S)

**CV09-09402** (JEM)  
CASE No. CV  
(To be supplied by the Clerk)

CIVIL RIGHTS COMPLAINT  
PURSUANT TO (check one)

☒ 42 U.S.C. § 1983  
or

☐ Bivens v. Six Unknown Agents  
403 U.S. 388 (1971);

A. PREVIOUS LAWSUITS

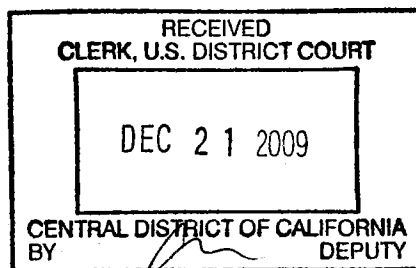
- 1) Have you brought any other lawsuits in a federal court while a prisoner: ☐ Yes ☒ No
- 2) If your answer to 1 is yes, how many? \_\_\_\_\_ Describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on an attached piece of paper using the same outline.)

LODGED

2009 DEC 23 AM 10:26

CLERK, U.S. DISTRICT COURT  
CENTRAL DIST. OF CALIF.  
LOS ANGELES

BY



Page 1 of 6

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

b. Court \_\_\_\_\_

c. Docket or case number \_\_\_\_\_

d. Name of judge to whom case was assigned \_\_\_\_\_

e. Disposition (For example: Was the case dismissed? If so, what was the basis for dismissal? Was it appealed? Is it still pending?) \_\_\_\_\_

f. Issues raised: \_\_\_\_\_

g. Approximate date of filing lawsuit \_\_\_\_\_

h. Approximate date of disposition \_\_\_\_\_

#### B. EXHAUSTION OF ADMINISTRATIVE REMEDIES

1) Is there a grievance procedure available at the institution where the events relating to your current complaint occurred? ☒ Yes ☐ No

2) Have you filed a grievance concerning the facts relating to your current complaint?  
☒ Yes ☐ No

If your answer is no, explain why not \_\_\_\_\_

3) Is the grievance procedure completed? ☐ Yes ☒ No

It is no place to express why. Nobody answered any of my grievances while at L.A. County Jail. However, the filing of a writ of Habeas Corpus on the matter I haven't received any response with the filing docket number, I will forward. Please attach copies of papers related to the grievance procedure. Upon receipt. Please note that I mailed all of my copies to Civil division requesting to proceed without § 945.4 guidelines on the state level. However, I haven't received a response on the matter. C. JURISDICTION

This complaint alleges that the civil rights of plaintiff Rashad J. Hilson Sr.  
(print plaintiff's name)

who presently resides at P.O. Box 4999, Delano, CA 93216  
(mailing address or place of confinement) . were violate

by the actions of the defendant(s) named below, which actions were directed against plaintiff at USC Medical Center  
(institution/city where violation occurred)

on (date or dates) (December 19-23, 2007) (Claim I) (Dec. 19-23, 2007) (Claim II)  
UNKNOWN (January then February 2008) (Jan. then Feb. 2008) (Claim III)

(You need not name more than one defendant or allege more than one claim; however, make a copy of this page to provide the information below if you are naming more than five (5) defendants.)

1) Defendant USC Medical Center Hospital ~~resides or works at~~  
(full name of first defendant)  
(any and all unknown employees)  
UNKNOWN/Downtown Los Angeles  
(full address of first defendant)

Institution

(defendant's position and title, if any)

The defendant is sued in his/her: ☒ individual ☒ official capacity. (Check one or both).

Explain how this defendant was acting under color of law:

This is the entity where plaintiff's surgery took place. This entity hired the Administration who hired the individuals performing the botched surgery as well as other employed employees that participated in plaintiff's care while at facility.

2) Defendant UNKNOWN  
(full name of second defendant) resides or works at

UNKNOWN/Downtown Los Angeles  
(full address of second defendant) , and is employed a

Administration (any and all)  
(defendant's position and title, if any)

The defendant is sued in his/her: ☒ individual ☒ official capacity. (Check one or both.)

Explain how this defendant was acting under color of law:

Took part in the hiring of the individuals that took part in the surgery on or about December 21, 2007.

Unknown  
(full name of third defendant)

resides or works

Unknown / Downtown Los Angeles  
(full address of third defendant)

and is employed

Chief Surgeon of Oral Maxillary Facial Surgery  
(defendant's position and title, if any)

The defendant is sued in his/her: ☒ individual ☒ official capacity. (Check one or both.)

Explain how this defendant was acting under color of law:

Appointed the surgeon who performed plaintiff's surgery. After personally realizing that plaintiff's surgery was botched he did not offer to fix the problem.

4) Defendant Unknown  
(full name of fourth defendant)

resides or works

UNKNOWN / Downtown Los Angeles  
(full address of fourth defendant)

and is employed

Oral Maxillary Facial (1) and (2); Anesthesiologist; Surgeon Assistant; Any and all others who participated in the surgery on plaintiff, on or about December 21, 2007  
(defendant's position and title, if any)  
Any and all nurses during plaintiff's recovery and pre-surgery

The defendant is sued in his/her: ☒ individual ☒ official capacity. (Check one or both.)

Explain how this defendant was acting under color of law:

Plaintiff was told by the surgeon that plaintiff would have use of his mouth because the wires will be cut off of the archbars in order to promote plaintiff's normal bite. Anesthesiologist did not give enough medication. Assistant didn't cut both wires out of plaintiff's mouth.

5) Defendant Los Angeles County Sheriff's Department (any and all unknown employees)  
(full name of fifth defendant)

resides or works :

Unknown / Downtown Los Angeles  
(full address of fifth defendant)

and is employed :

Institution, Administration, Any and all employees  
(defendant's position and title, if any)

The defendant is sued in his/her: ☒ individual ☒ official capacity. (Check one or both.)

Explain how this defendant was acting under color of law:

This is the entity where the injury occurred to plaintiff. This entity hired the Administration who hired the individuals working within its facilities.

6) Defendant; UNKNOWN (Full name of sixth defendant) resides or works at

P.O. Box 86164, Terminal Annex, Los Angeles, California 90086-0164 (Full address of sixth defendant) and is employed as

3rd Floor Doctor at Twin Towers; Nurse Practitioner (T/R), 5th floor Doctor at men's Central Jail, any and all nurses working on plaintiff on 5th floor (defendant's position and title, if any)

The defendant is sued in his/her: ☒ individual ☒ official capacity

Explain how this defendant was acting under color of law:  
Plaintiff expressed to all the defendants that the surgeon (defendant 6) told plaintiff that the wires would be cut from the archbars in order to promote plaintiff's normal biting function. Neither defendant did anything to ascertain if there was any truth to the matter. Fifth floor doctor and nurses never did anything to help with plaintiff's pain in plaintiff's jaw area nor did they send plaintiff to another doctor to find out why plaintiff was in so much jaw pain. Nor were the archbars ever removed while in there care.

7) Defendant; UNKNOWN (Full name of sixth defendant) resides or works at

P.O. Box 86164, Terminal Annex Los Angeles, CA 90086 (Full address of sixth defendant) and is employed as

Sergeants of Jail Ward (USC Medical Center), Sergeants over medical transportation (defendant's position and title, if any)  
any and all deputies under Sergeants control.

The defendant is sued in his/her: ☒ individual ☒ official capacity

Explain how this defendant was acting under color of law:  
While at USC Medical Center I was told by the Sergeant on shift that because of plaintiff's bail being excessive that plaintiff  
Suffice

Continuation would have to wear leg-irons while in the Jail Ward (locked facility). Because of this excessive bail plaintiff wasn't afforded his two week mandatory check-up at USL Medical Center. Because of this there wasn't any intervention. All of this could have been prevented if plaintiff was allowed a two-week check-up.

## CLAIM I

The following civil right has been violated.

USC Medical Center has violated Plaintiff's 8th Amendment Right and any other Amendments that apply. They are in violation of Health and Safety Codes as well. They are in violation of State Statute also.

Please allow plaintiff to amend the Civil Right part of plaintiff's complaint at a later date

Supporting Facts: [Include all facts you consider important. State the facts clearly, in your own words, and without citing legal authority or argument. Be certain you describe, in separately numbered paragraphs, exactly what each DEFENDANT (by name) did to violate your right.]

\*If there is more than one claim, describe the additional claim(s) on another attached piece of paper using the same outline.

USC Medical Center (defendant(1)) an entity of Los Angeles County, hired the Administration within its institution that provided the care for plaintiff on or about December 21-22, 2007.

The Board of Administration (defendant(2)) hired any and all employees within the institution and all appointed supervisors.

Chief Surgeon of Oral Maxillary/Facial Surgery (defendant(3)) appointed the surgeon who performed plaintiff's procedure. Defendant (3) also witnessed the examination of plaintiff by USC Medical Centers, Jail Wards Oral Surgeon (defendant (4a2)). During this examination defendant (3), along with the surgeon who performed the surgery (defendant (4a1)) witnessed the debatchery of the surgery performed on plaintiff and neither offered to fix the situation. Defendant (3 & 4a1) sat in the background while defendant (4a2), told plaintiff that he would have to seek an orthopedic upon my release. Both defendants (3 & 4a1), said nothing then, or when defendant (4a2) stated, "you're in jail. Deal with it!"

Continuation

Claim 1: Please note that all this happened after the surgery was done. Defendant (4a2), is the aftercare surgeon for the jail ward. His examinations were done 6 or 7 weeks after the surgery.

Also note that I've tried without fail to obtain all plaintiff's medical records however, Los County Jail has denied me access.

The Oral Maxillary Facial Surgeon who performed the surgery (defendant (4a1)), expressed prior to surgery that plaintiff would have to keep the archbars just in case plaintiff needed any adjustments, however, the wires would be taken out in order to promote plaintiff normal bite.

Defendant (4a1), performed the procedure on or about December 21<sup>st</sup> or 22<sup>nd</sup>, 2007. At which time defendant (4a) along with defendants co-defendants, neglected to remove the wires on both sides of plaintiff's jaw. Because of this plaintiff healed in a Malpost position.

During the surgery the anesthesiologist erred by not giving plaintiff enough medication to keep plaintiff a sleep (defendant (4b)). Because of this, plaintiff woke up during surgery, Plaintiff remembers little during that time but having to urinate. Plaintiff also remembers waking-up at the end of surgery with his mouth still wired on the left side, and having to urinate. Plaintiff woke up, by jumping up, because plaintiff didn't know he had a decatheder installed and plaintiff had to urinate. Upon waking up plaintiff saw two nurses



Continuation

Claim 1

standing by the door as if they were scared. I do remember asking why plaintiff's wires were still in plaintiff's mouth. However, it may have sounded like gibberish because of plaintiff's mouth still being wired and also because of the effects of the medication. Plaintiff doesn't remember neither trying to ascertain what plaintiff was saying. While in the Jail Ward Recovery room, plaintiff immediately noticed that only the left side was still wired shut but the right side had been removed. Plaintiff immediately told the nursing staff who all replied by saying, "if the doctor left it that way, then that's the way it's suppose to be." However, one nurse stated that she would call the doctor and check on it. This was at the beginning of her shift, by the end of her shift defendant (4b2), stated that she had forgotten, that she would make her call first thing tomorrow.

Shortly thereafter plaintiff was transferred back to Los Angeles County Jail (Medical Ward Twin Towers 3rd floor)

## CLAIM 2

The following civil right has been violated.

~~Los Angeles County Sheriff's Department~~

Los Angeles County Sheriff's Department has violated Plaintiff's 8<sup>th</sup> Amendment right and any other amendments that apply. They are in violation Health and Safety Code(s) as well. They are in violation of State Statute also.

Please allow plaintiff to amend the civil right part of my complaint at a later date.

Supporting Facts: [Include all facts you consider important. State the facts clearly, in your own words, and without citing legal authority or argument. Be certain you describe, in separately numbered paragraphs, exactly what each DEFENDANT (by name) did to violate your right.]

\*If there is more than one claim, describe the additional claim(s) on another attached piece of paper using the same outline.

Los Angeles County Sheriff's Department (defendant (s)), an entity within Los Angeles County, hired the Administration within its institution that provides housing, food, hygiene facility and products, protection, and Medical/Mental care, for plaintiff since day of arrest on, July 24, 2007, and on or about December 19<sup>th</sup>, 2007, the day plaintiff's injury occurred. Upon plaintiff's return to Los Angeles County Jail (Twin Towers Medical Ward 3<sup>rd</sup> floor), plaintiff was seen by the third floor doctor (defendant (ba)), in order to be cleared for the medical floor plaintiff was in (3<sup>rd</sup> floor). Plaintiff immediately expressed to defendant (ba), what the surgeon (defendant (ba)), told plaintiff, (That the wires would be removed in order to promote plaintiff's normal bite).

Defendant (ba) stated, if the doctor left the wire attached, there was nothing he could do. Because of this, plaintiff asked to be sent back to the outside hospital. Defendant (ba) stated, that plaintiff could let the doctor know on plaintiff's two-week check-up. A check-up that never happened.

PAGE 9 OF 14

Continuation

Claim 2

1 By acting so cavalier defendant (6a), acted deliberately  
 2 indifferent towards plaintiff's care and up keep at  
 3 the very fulcrum of plaintiff's healing process.

4 Plaintiff expressed the exact same thing to the nurse  
 5 practitioner (defendant (6b)). She basically replied  
 6 the exact same way the intake doctor did. (if the  
 7 surgeon left it that way, then that's the way it's  
 8 suppose to be). Defendant (6b) did say that  
 9 she followed up on what I said. From what she  
 10 understands, that is the way it's suppose to be  
 11 (the wire on the left side of plaintiff's jaw).

12 Plaintiff was never taken to USC Medical Center  
 13 for his two week follow-up, check-up. In fact  
 14 plaintiff remained at Twin Towers Jail Ward for  
 15 six to seven weeks.

16 Upon plaintiff's return to USC Medical Center,  
 17 plaintiff was examined by the Oral surgeon for the  
 18 Jail Ward (defendant (4a2)). Defendant (4a2) imme-  
 19 diately saw the error. Plaintiff told the doctor  
 20 that he had been telling everyone he came in  
 21 contact with, that that wire should have been  
 22 removed. He questioned why nobody took the wire out  
 23 during plaintiff's two week check-up.

24 Plaintiff replied, "Nobody would bring me here for my  
 25 check-up".

26 Plaintiff then expressed the things that was

Continuation

Claim 2

1 happening with him and his jaw. Plaintiff expressed  
 2 that he couldn't feel the rightside of his face. Plain-  
 3 tiff expressed that his left ear had a constant ring  
 4 within it, and plaintiff complained of some pain  
 5 through out plaintiff left jaw.

6 Defendant (4a2), cut the wire completely out  
 7 and sent defendant back to Los Angeles Jail  
 8 (Medical Ward), for two more weeks.

9 Upon plaintiffs return to USC Medical Center  
 10 plaintiff was seen by defendant (4a2) however,  
 11 defendant (4a1) and defendant (3) (Oral Surgeon  
 12 who perform surgery (defendant (4a1)) and the  
 13 Chief Oral Maxillary facial Surgeon (defendant (3)),  
 14 were aparty to plaintiffs examination. Plaintiff  
 15 complained immediately of alot more pain on plain-  
 16 tiff leftside through out his jaw. Of numbness  
 17 on the rightside to were plaintiff can not feel  
 18 his face. And constant ringing in the left  
 19 ear.

20 Plaintiff ask how long would it take to fix  
 21 it?

22 At which time defendant (4a2) stated, that  
 23 plaintiff would have to seek an orthopedic  
 24 upon his release.

25 Plaintiff began to get upset because he  
 26 couldn't believe the defendant (4a2), ~~and~~ had

27 a cavalier attitude towards thier debotchery.

Continuation

Claim 2

1 Plaintiff asked, was he suppose to live in pain  
 2 and all the other ailments. At which time defen-  
 3 dant (A22) stated, "you're in jail, deal with it".  
 4 Plaintiff replied, "I never knew being in jail  
 5 precluded you from receiving proper medical  
 6 attention".

7 At which time plaintiff was taken back to  
 8 Los Angeles County Jail (Medical Ward). Two,  
 9 to three days later, plaintiff was sent to the  
 10 Old County Jail (5<sup>th</sup> floor Medical Ward).  
 11 While there plaintiff constantly complained  
 12 of pain. Constantly asked when I would be  
 13 taken back to the outside doctor to get  
 14 my jaw fixed. I even asked to go to another  
 15 doctor.

16 The response was that plaintiff was scheduled  
 17 to go back and have the archbars removed.  
 18 Nothing ever happened while at Los Angeles  
 19 County Jail. Not until plaintiff was sent  
 20 to North Kern State Prison, which was  
 21 ten months later, did the archbars come  
 22 out. UMC Fresno did the procedure. After  
 23 the archbars were removed there was gross  
 24 decay through out all plaintiff's teeth. Three  
 25 teeth had to be pulled because of it.  
 26 Plaintiff is now taking 30mg morning, and  
 27 evening for pain (Morphine).

Continuation

Claim 2

1 Nobody here will touch my mouth until  
 2 I file this lawsuit because they don't  
 3 want to be liable,  
 4 Please not that Los Angeles County Jail  
 5 (Records) will not provide my Medical Records.  
 6 this is the reason why plaintiff doesn't have all  
 7 the names and dates correct.  
 8 Plaintiff was told by a Sargeant at USC Medical  
 9 Center (defendant (7)), that because of excessive  
 10 bail, plaintiff had to wear leg-irons while in  
 11 the Jail Ward (lock facility). It is also plaintiff's  
 12 belief that this to is the reason plaintiff didn't  
 13 get transported to and from the Jail facility  
 14 during plaintiff's two week check-ups.  
 15 By not transporting plaintiff shows transportation's  
 16 deliberate indifference for plaintiff's care and  
 17 well being.  
 18 Plaintiff put in numerous grievances that never were answered  
 19 while on the 5th floor at the Old County. Plaintiff recently  
 20 submitted a writ of Habeas Corpus on the issue. Once  
 21 plaintiff ~~receives~~ receives a case number plaintiff will imme-  
 22 diately forwarded it to you. Also plaintiff request the  
 23 courts to order plaintiff's medical file from Los Angeles  
 24 County Jail, and USC Medical Center. Upon my  
 25 receipt plaintiff will provide the missing  
 26 information.

27

13 of 14

Page 4



## F. REQUEST FOR RELIEF

I believe that I am entitled to the following specific relief:

To be appointed adequate legal counsel to handle any and all parts of plaintiff's case. Court to immediately order Medical Records for plaintiff. Plaintiff wants jaw fixed immediately and dental implants for the top and bottom of plaintiff's mouth. Plaintiff wants monetary relief for the sum of \$5,000,000. For pain and suffering plaintiff seeks \$10,000,000. And for bad faith and malicious intent by the Board of Supervisors and their liability firm: whatever the court deems appropriate. Plaintiff wants a verbal apology from the Surgeon and a written <sup>(apology)</sup> response from the Hospital. Plaintiff also seeks insurance (Medical + Dental) for life. Plaintiff wants defendants to pay all court and legal fees.

I

12-16-09  
(Date)

Rasheed Hilson  
(Signature of Plaintiff)

I declare under penalty of perjury under the laws of the state of California that the foregoing is true and correct and that this declaration is executed on: 12-16-09, at North Kern State Prison.

Rasheed Hilson Sr.  
Sign

Rasheed Hilson  
Signature

List Of Rasheed Hilson (Plaintiff) Medical History From  
10-21-08 TO 11-20-09

In Order By	Name Of Form	Exhibit
10-21-08	Los Angeles County Jail (Medication Request)	A
10-23-08	Physicians Order For Medication	B
10-29-08	Healthcare Services Physician Request	C
11-06-08	Supplemental to Dental Progress Notes	D
11-07-08	Physicians Order For Medication	E
11-10-08	Authorization for Temporary Removal for Medical	F
11-21-08	Authorization for Release of Information	G

Please not Plaintiff Out to Court at Riverside County starting from  
12-28-08 to 10-23-09. Still waiting for Medical Records from R.C.

11-01-09	Health Care Request Form	H-I
11-09-09	Health Care Services Physician Request	J
11-24-09	Out-Patient Care Gene Hughes, DDS	K-L

Medication Prescribed Starting Dates 10-23-08 ending 11-20-09

10-23-08 to 11-20-09 Medication Reconciliation-Active Medication M-T

I declare under penalty of perjury under the laws of the  
state of California that the foregoing is true and



CORRECT as stated exhibits; A, B, C, D, E, F, G, H, I, J, K, L, M, O, P, Q, R, S, T. These exhibits starting from A thru T, are as follows; <sup>(A)</sup> Los Angeles County Jail (Medication Printout), <sup>(B)</sup> Physicians Order For Medication, <sup>(C)</sup> Health Care Services Physician Request, <sup>(D)</sup> Supplemental to Dental Progress Notes, <sup>(E)</sup> Physicians Order for Medication, <sup>(F)</sup> Authorization for ~~Temporary Removal for Medical~~, <sup>(G)</sup> Authorization for Release of Information, <sup>(H)-(I)</sup> Health Care Request Form, <sup>(J)</sup> Health Care Services Physician Request, <sup>(K-L)</sup> Out Patient Care; Gene Hughes, DDS, <sup>(M-T)</sup> Medication Reconciliation - Active Medication, all forms true and correct copies provided by Delanos (North Kern State Prison) Medical Records office, is executed: 12-16-09 at North Kern State Prison, sent to this Court, Central District, 312 N. Spring St. G-8, Los Angeles, California, 90012-4701, by United States Postal Services.

Sign: Rasheed Hilson Dated: 12-16-09 Signature: *Rasheed Hilson*



View Options Help

Exhibit A

PATIENT: RASHEED JOEL

Age: 27 years  
DOB: 12/9/1970

Sex: Male  
CIDA: 07562329

Location: CJIR  
Booking#: 9699552

Allergies: No Known Allergies  
Inpatient: 10/24/2007 3:27

Reference Text Browser

- Form Browser
- Flowsheet
- Orders
- Patient Information
- Clinical Notes
- Task List
- Care Plans
- Intake and Output
- KARDEX
- IMR
- Patient Schedule

October 21, 2008 10:36 PM - October 22, 2008 10:36 PM (Clinical Range)

Scheduled	Medications	10/21/2008 10:44 PM	10/22/2008 5:00 AM	10/22/2008 4:00 PM	10/22/2008 8:00 PM
Unscheduled	Scheduled				
	amitriptyline (AMITRIPTYLINE 50mg tablet) 50MG PO, BID, For Pain Routine 10/17/08 15:00 500 DAYS, 12/16/08 15:59:00				50 MG
Continuous Infusions	amitriptyline				
	gabapentin (Neurontin) (GABAPENTIN 300MG CAP) 300MG PO, QID, For Pain Routine 10/17/08 15:00 500 DAYS, 12/16/08 15:59:00		300 MG	300 MG	
	gabapentin				
	Unscheduled				
	acetaminophen (Tylenol) (ACETAMINOPHEN 325mg TAB) 650MG PO, TAB, TID, PRN, For Pain Routine 10/10/08 11:59:00 500 DAYS, 01/03/09 11:59:00				
	acetaminophen				
	Continuous Infusions				

COPY



Exhibit B

NOTE: SEND COPY OF PHYSICIAN'S ORDER FOR MEDICATION  
TO PHARMACY AFTER EACH ORDER IS SIGNED.

Order Date	Time	Problem #	Physician's Order and Medication (Orders must be dated, timed, and signed.)
10.23.08	12:12	①	THE MAPE
		②	Tylenol #3
			DSP. 16 TABS
			SIG 1 TAB T.I.D FOR DENTAL PAIN.
			NA : TODAY
			F. Lopez MD R LOPEZ, DDS
10.23.08			Noted by LVN.
			1250
10-24-08			
	1415		
			<b>COPY</b>

ALLERGIES:

SHELLFISH

INSTITUTION

MUSP/RC

ROOM / WING

B4-130

Confidential  
client information  
See W & I Code, Sections 4514 and  
5328

CDC NUMBER, NAME (LAST, FIRST, MI)

G37110  
HILSON, RASHEED

12-9-70

## PHYSICIAN'S ORDERS

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

# HEALTH CARE SERVICES PHYSICIAN REQUEST FOR SERVICES

(To be completed by requesting Physician and forwarded to Utilization Management Unit)

PATIENT NAME <b>HILSON, RASHEED</b>	CDC NUMBER <b>G 37110</b>	INSTITUTION <b>NKSP</b>
DATE OF BIRTH <b>12-09-70</b>	EPRO DATE <b>2/11/12</b>	GENDER <b>M</b>
PRINCIPLE DIAGNOSIS <b>STATUS: FRACTURED MANDIBLE-MALPOSED</b>	ICD-9 CODE <b>802.2</b>	CPT CODE(S)
REQUESTED SERVICE(S) <b>(1) REMOVE NONREMOVABLE DENT; SURGICAL RECONSTRUCTION</b>	# OF DAYS RECOMMENDED <b>2-4 DAYS</b>	
Please circle all that apply: <u>Diagnostic Procedure/Consultation</u> <u>Outpatient/Inpatient</u> <u>Initial/Follow-up</u>		
Requested Treatment/Service is: <u>EMERGENT</u> <u>URGENT</u> <u>ROUTINE</u>		

For the purpose of retrospective review, if emergent or urgent, please justify:

Proposed Provider: UNIVERSITY MEDICAL CENTER Anticipated Length of Stay: 1 WORKUP: 1-2 DAYS  
 Expected disposition (i.e., outpatient follow-up, return to institution, transfer): 2. PROCEDURE

Medical Necessity (briefly describe the clinical situation; the history of the illness, treatments used, pertinent lab and imaging studies, or questions for the consultant):

1/M HAD FX MANDIBLE DECEMBER 2007 -> LAC MC  
TREATED BY OPEN & CLOSED REDUCTION BUT HEALED IN  
A MALPOSITION & (2) POSTERIOR TEETH IN CROSS-BITE BUT  
OUT OF FUNCTION.

Estimated time for service delivery, recovery, rehabilitation and follow-up: 1<sup>ST</sup> PHASE: DX & 1 DAY; PROCEDURE & EXPOSE  
2<sup>ND</sup> PHASE: REPAIR OF MANDIBLE 2 DAYS TO 4 WEEKSSummary of preliminary or diagnostic work up, conservative treatment provided (if applicable, please provide TB code, CD4, viral load, albumin, total protein and dates within last 3 months): WORK-UP; CLOSED/OPEN REDUCTION 12-07

Comments (diagrams, risk factors, prognosis, alternative management, etc.):

REQUESTING PHYSICIAN PRINTED NAME <b>L.V. SPARK DMD</b>	APPROVED / AUTHORIZED / DENIED / DEFERRED BY <b>10-29-08</b>	DATE <b>10-29-08</b>
REQUESTING PHYSICIAN SIGNATURE <b>[Signature]</b>	DATE <b>10-29-08</b>	Utilization management tracking #: <b>08/09-21-OP 2909</b>

DATE OF CONSULTATION <b>11/21/08</b>	PRINTED NAME OF CONSULTANT <b>MARTIN BEVANGER</b>
FINDINGS: <u>(Arch bars in place) PREVIOUS Hx of JAW FX.</u> <u>NO possible occlusion</u> <u>SEVERE PERIODONTAL DISEASE, PARTIAL</u> <u>EDENTULISM.</u>	

RECOMMENDATIONS: POSSIBLE JAW RECONSTRUCTION. HOWEVER,  
PT NEEDS DENTAL WORK FIRST. IMPRESSIONS TAKEN  
TODAY.

FOLLOW-UP OR FURTHER EVALUATIONS REQUESTED: NEEDS FULL DENTAL EXAM

CONSULTANT SIGNATURE <b>[Signature]</b>	DATE <b>11/21/08</b>	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH <b>G 37110</b> <b>HILSON, RASHEED</b> <b>DENTIST.</b> <b>B5-135L 22</b> <b>B.D. 12-09-70</b>
ETA RN SIGNATURE <b>[Signature]</b>	DATE <b>11/24/08</b>	
PCP SIGNATURE <b>[Signature]</b>	DATE	

Attach Progress Note page for additional information.

THIS FORM MUST BE RETURNED WITH THE PATIENT!!!

## DISTRIBUTION:

- ORIGINAL - FILE IN UHR
- GREEN - TO UHR PENDING ORIGINAL
- CANARY - CONSULTANT
- PINK - UM
- SPECIALTY SCHEDULER



Exhibit D

STATE OF CALIFORNIA  
**SUPPLEMENTAL TO DENTAL PROGRESS NOTES**  
 CDCR 237-C-1 (Rev. 04/06)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 2

Prior to each treatment, the Dentist must review the Inmate-patient's health history, note changes or specify no change, and use S.O.A.P.E. format when applicable.

DATE OF ACTION (month/day/year)	TOOTH NUMBER	PROGRESS NOTES (Include signature at the end of each data entry)	PRIORITY AFTER VISIT	PRISON LOCATION (ACRONYM)
11 06 08		As per the verbal order from Dr. Lopez (D.D.S.) I extended the Rx's For Tylenol #3 & Carnation instant breakfast until 11/11/2008 S.M. Gedges, DDS / S.M. 9/2008	IC	NKSP
11 07 08 1405hrs		cc: I have extreme pain to my @ ear for over a year now & now it's really bad - I can't stand it any more. I want something done NOW!! It is bleeding in my ear - I've never had pain like this before. Cln eval - intra-orally - No swelling, no visible evidence of bleeding. Visual Exam of outer @ ear reveals No bleeding, Tylenol #3 "No working!" Dx: (1) Possible (2) inner ear infection that has been chronic that has now become acute. (3) Possibly related to PT's Past Hx (Jan 05) of Oral Surgery to reduce mandibular Fr PLAN: To Request Eval by M.D. to R/O inner ear (1) infection - ASAP. S.M. Gedges, DDS / S.M. 10/08	IC	NKSP

## DRUG ALLERGIES?

☐ NO☒ YES

Shell Fish

**SUPPLEMENT TO DENTAL PROGRESS  
 NOTES**

NAME (LAST, FIRST, MI), CDCR NUMBER, AND DATE OF BIRTH

Hilson, Rasheed

G-37110

DOB: 12/09/1970



Exhibit E

NOTE: SEND COPY OF PHYSICIAN'S ORDER FOR MEDICATION  
TO PHARMACY AFTER EACH ORDER IS SIGNED.

Order Date	Time	Problem #	Physician's Order and Medication (Orders must be dated, timed, and signed.)
11/07/08	1430		<p>Request:</p> <p>Evaluation of 2 ear to R/o inner ear infection. PT states extreme inner-ear pain &amp; bleeding.</p> <p>Note: PT is in the process of being scheduled for Oral-Maxillo-Facial Surgery at UMC-Fresno. Please see attached CDC-7243. PT states Tylenol 3 Rx is NOT taking away his pain.</p> <p><i>S.M. Godges, DDS</i> S.M. Godges, DDS</p> <p><i>noted immediate 11-7-08 1530</i></p>

**COPY**

ALLERGIES:

Shellfish

INSTITUTION

NKSP

ROOM / WING

BS-1354

Confidential  
client information  
See W & I Code, Sections 4514 and  
5328

CDC NUMBER, NAME (LAST, FIRST, MI)

Hilson, Rasheed.

CDER#: G-37110

DOB: 12/09/70

PHYSICIAN'S ORDERS

Exhibit F

## REASON FOR REQUEST (STATEMENT OF CHIEF MEDICAL OFFICER)

DESCRIPTION OF CONDITION SUGGESTING REMOVAL

FRACTURED MANDIBLE

DESCRIPTION OF EXAMINATION OR THERAPY RECOMMENDED

SURGICAL RECONSTRUCTION  
REMOVE NONRESTORABLE TEETHUM  
SP. CLINIC  
YARD CLINIC  
TRANSFERSAPPEALS  
CHRONO  
MED.REC.  
HCCUP

NATURE AND IMMEDIACY OF SERVICE:

☐ MANDATORY☐ EMERGENCY☐ ELECTIVE

NAME OF HOSPITAL, CLINIC, OFFICE OR OTHER PLACE RECOMMENDED

UMC - 445 S. CEDAR AVE. FRESNO, CA

DATE: 11 21 08

TIME: 0900H

WHY CAN'T THE PROCEDURE BE DONE INTRAMURALLY?

SPECIALIST AND/OR EQUIPMENT NOT AVAILABLE AT THIS INSTITUTION

PRECAUTION INSTRUCTIONS (DEFINED ON REVERSE):

☒ UNIVERSAL☐ RESPIRATORY☐ ENTERIC

ESTIMATED TIME AWAY FROM FACILITY (NOT MORE THAN 3 DAYS)

## SAME DAY TREAT &amp; RETURN

SIGNATURE OF CHIEF MEDICAL OFFICER

DR. E. FLORES

*Dr. Flores / Bulena RN*

DATE SIGNED

11 10 08

## CUSTODIAL STATUS (STATEMENT OF ASSOCIATE WARDEN)

OFFENSE	TERM	RELEASE DATE	CUSTODIAL CLASSIFICATION <input type="checkbox"/> MAXIMUM <input type="checkbox"/> MEDIUM <input type="checkbox"/> MINIMUM
COMMITTED FROM	DATE RECEIVED	CONDUCT DURING INCARCERATION	ESCAPE RISK
REMARKS			

SIGNATURE OF ASSOCIATE WARDEN

COPY

DATE SIGNED

UNDER THE PROVISIONS OF SECTION 2696 OF THE PENAL CODE, AUTHORIZATION IS GIVEN FOR THE TEMPORARY REMOVAL OF INMATE IDENTIFIED BELOW FROM THE FACILITY IN WHICH HE/SHE IS NOW CONFINED IN ORDER THAT HE/SHE MAY RECEIVE MEDICAL TREATMENT IN ACCORDANCE WITH THE ABOVE RECOMMENDATIONS.

REQUEST: ☐ APPROVED ☐ DENIED

SPECIAL CONDITIONS

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

NAME: HILSON, RASHEED

CDC: 637110

DOB: 12 09 70

LOC: B5 - 135L

TBC 22

WARDEN'S SIGNATURE: DATE SIGNED: FACILITY:

REQUEST FOR AUTHORIZATION OF TEMPORARY  
REMOVAL FOR MEDICAL TREATMENT

Exhibit B

STATE OF CALIFORNIA  
**AUTHORIZATION FOR RELEASE OF INFORMATION**  
 CDCR 7385 (Rev. 04/06)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 2

# AUTHORIZATION FOR RELEASE OF INFORMATION

YOUR INFORMATION			DOB: 12-9-1970
Last Name: Hilborn	First Name: Basheed	Middle Name: Joel	
Address: P.O. BOX 4400	City/State/Zip: Delano, CA 93216	CDC/VA Number: G37110	

Person/Organization Providing the Information [45 C.F.R. § 164.508(c)(1)(ii) & Civ. Code § 56.11(e).]	Person/Organization to Receive the Information [45 C.F.R. § 164.508(c)(1)(iii) & Civ. Code § 56.11(f).]
Los Angeles Men's County Jail	California Department of Corrections

Description of the Information to be Released (Provide a detailed description of the specific information to be released.) [45 C.F.R. § 164.508(c)(1)(i) & Civ. Code §§ 56.11(d) & (g).]
<input checked="" type="checkbox"/> Medical <input type="checkbox"/> HIV <input type="checkbox"/> Genetic Testing <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Mental Health <input type="checkbox"/> Communicable Diseases
Additional Information: All related information concerning medical issues since 12-19-08

Description of Each Purpose for the Use or Release of the Information (Provide a detailed description of the activity for which the information will be used) [45 C.F.R. § 164.508(c)(1)(iv).]
To keep the service record. Also to have for personal use.
Continuity of Care
COPY

Will the health plan or provider receive money for the release of this information? [45 C.F.R. § 164.508(a)(3).]
NO, WITH THE EXCEPTION OF COPY COSTS.

11-24-08



STATE OF CALIFORNIA

## AUTHORIZATION FOR RELEASE OF INFORMATION

CDCR 7385 (Rev. 04/06)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 2 of 2

This authorization for release of the above information to the above-named persons/organizations will expire on: NOT A DATE [45 C.F.R. § 164.508(c)(1)(v) & Civ. Code § 56.11(h).]

## I understand:

- I authorize the use or disclosure of my individually identifiable health information as described above for the purpose listed. I understand that this authorization is voluntary. [45 C.F.R. § 164.508(c)(2)(i).]
- I have the right to revoke this authorization by sending a notice stopping this authorization to \_\_\_\_\_ at \_\_\_\_\_. The authorization will stop on the date my request is received. [45 C.F.R. § 164.508(c)(2)(i) & Civ. Code § 56.11(h).]
- I understand that I am signing this authorization voluntarily and that treatment, payment or eligibility for my benefits will not be affected if I do not sign this authorization. [45 C.F.R. § 164.508(c)(2)(ii).]
- I understand if the organization I have authorized to receive the information is not a health plan or health care provider; the released information may no longer be protected by federal privacy regulations. [45 C.F.R. § 164.508(c)(2)(ii).]
- I understand I have the right to receive a copy of this authorization. [Civ. Code § 56.11(i).]

Signature:

*Barbara Wilson*

CDC/YA Number:

637110

Date:

11-21-08

[45 C.F.R. § 164.508(c)(1)(vi) &amp; Civ. Code § 56.11(c).]

Representative:

Relationship:

CDC/YA Number:

Date:

Exhibit H

162038

STATE OF CALIFORNIA  
CDC 7362 (Rev. 03/04)

## HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

## PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☐ MENTAL HEALTH ☐ DENTAL ☒ MEDICATION REFILL ☐

NAME: Hilson, Rasheed CDC NUMBER: 637110 HOUSING: B-5/139400

PATIENT SIGNATURE: Rasheed Hilson DATE: 11-1-09

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem)

I am in extreme pain on my left side. I can barely chew with the only two teeth I can eat with. I have constant ringing in my left ear. And I'm always nauseated from meds.

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

## PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

☐ Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

## PART II: TO BE COMPLETED BY THE TRIAGE REGISTERED NURSE

Date / Time Received: 11/1/09 2:00 Received by: J. Shelton  
Date / Time Reviewed by RN: 11/2/09 0900 Reviewed by: J. Shelton  
S: Pain Scale: 1 2 3 4 5 6 7 8 9 10

O: T: P: R: BP: WEIGHT:

A:

P: Saw Dr. Start @ 11/19/09 JIAN YANG RN

☐ See Nursing Encounter Form

E:

COPY

APPOINTMENT SCHEDULED AS: EMERGENCY (IMMEDIATELY) ☐ URGENT (WITHIN 24 HOURS) ☐ ROUTINE (WITHIN 14 CALENDAR DAYS) ☐

REFERRED TO PCP: COMPLETED BY: DATE OF APPOINTMENT: NAME OF INSTITUTION:

PRINT / STAMP NAME: SIGNATURE / TITLE: DATE/TIME COMPLETED:

STATE OF CALIFORNIA  
CDC 7362 (Rev. 03/04)

## HEALTH CARE SERVICES REQUEST FORM

Exhibit I 155436  
DEPARTMENT OF CORRECTIONS

## PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☒

NAME: Hilson CDC NUMBER: G3711D HOUSING: B5-139Low

PATIENT SIGNATURE: Rasheed Hilson DATE: 11-19-09

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) The Medication I'm getting keeps me clogged up and it is not helping with my pain. I need an upgrade on my Tylenol 3's. I thought I could handle it but I'm tired of the headaches and the constipation. Please put me on the doctors line A.S.A.P.

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

## PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

☐ Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

## PART II: TO BE COMPLETED BY THE TRIAGE REGISTERED NURSE

Date / Time Received: 11/21/09 1200 Received by: [Signature]

Date / Time Reviewed by RN: 11/21/09 1330 Reviewed by: [Signature]

S: Pain Scale: 1 2 3 4 5 6 7 8 9 10

Duplicated

See 155453.

O: T: P: R: BP: WEIGHT:

A:

P: Already seen by DR. Leong @ 11/20/09. Saw DR. Austria got T#3 3 tabs TID 11/25/09

☐ See Nursing Encounter Form

Morph SR 30mg qpm.

Baclofen 10mg TID

E: Gabapentin 900mg TID

Carnation 2 tabs TID

MOM 30ml for constipation

colace 2 tabs BID.

JIAN YANG RN 107 11/26/09

APPOINTMENT SCHEDULED AS: EMERGENCY (IMMEDIATELY) ☐ URGENT (WITHIN 24 HOURS) ☐ ROUTINE (WITHIN 14 CALENDAR DAYS) ☒REFERRED TO PCP: DATE OF APPOINTMENT: 12/21  
COMPLETED BY: NAME OF INSTITUTION

PRINT / STAMP NAME: SIGNATURE: [Signature] DATE/TIME COMPLETED:

CALIFORNIA

HEALTH CARE SERVICES  
PHYSICIAN REQUEST FOR SERVICES

DEPARTMENT OF CORRECTIONS

(To be completed by requesting Physician and forwarded to Utilization Management Unit)

11/17/09  
to val unit

PATIENT NAME <u>HILSON, Rasheed J.</u>	CDC NUMBER <u>G 37110</u>	INSTITUTION <u>MRSP</u>
DATE OF BIRTH <u>12-09-70</u>	WORLD DATE	GENDER <u>MALE</u>
PRINCIPLE DIAGNOSIS <u>periodontal disease teeth #12, 19, 21 (3/5)</u>	ICD-9 CODE	CPT CODE(S)
REQUESTED SERVICE(S) <u>evaluation &amp; possible removal #12, 19, 21</u>		# OF DAYS RECOMMENDED
Please circle all that apply: Diagnostic Procedure/Consultation <input type="checkbox"/> Outpatient <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Initial/Follow-up		
Requested Treatment/Service is: EMERGENT <input checked="" type="checkbox"/> URGENT <input type="checkbox"/> ROUTINE <input type="checkbox"/> <u>deeply carious teeth</u>		
For the purpose of retrospective review, if emergent or urgent, please justify: <u>long term of pain - no swelling etc</u>		
Proposed Provider: _____ Anticipated Length of Stay: <u>1 day</u>		
Expected disposition (i.e.: outpatient follow-up, return to institution, transfer): <u>return to MRSP</u>		
Medical Necessity (briefly describe the clinical situation; the history of the illness, treatments used, pertinent lab and imaging studies, or questions for the consultant): <u>chronic severe periodontal disease causing tooth loss - non-restorable - possible removal of teeth</u>		

Estimated time for service delivery, recovery, rehabilitation and follow-up: one day, for extractions

Summary of preliminary or diagnostic work up, conservative treatment provided (if applicable, please provide TB code, CD4, viral load, albumin, total protein and dates within last 3 months): correction of malocclusion alignment possible

Comments (diagrams, risk factors, prognosis, alternative management, etc.):

REQUESTING PHYSICIAN PRINTED NAME <u>L. D. STARK, MD</u>	APPROVED / AUTHORIZED / DENIED / DEFERRED BY <u>Dr. Stark</u>	DATE <u>11-09-09</u>
REQUESTING PHYSICIAN SIGNATURE <u>[Signature]</u>	DATE <u>11-09-09</u>	Utilization Management Unit <u>115161</u>
DATE OF CONSULTATION <u>11-24-09</u>	PRINTED NAME OF CONSULTANT <u>Gene Hughes MD</u>	

FINDINGS: #2 mobile, class III mesial cervical caries, non-restorable. #21 cervical distal caries non-restorable. Patient elects to keep #12 and try to restore with RCT & FRC. #2 Bone loss into furcation.

RECOMMENDATIONS: General anesthesia  
(2) Extractions surgical #s 2 & 21  
(3) patient with cross bite and TMJ pain

FOLLOW-UP OR FURTHER EVALUATIONS REQUESTED: as needed. #12 with irreversible pulpitis.

CONSULTANT SIGNATURE <u>[Signature]</u>	DATE <u>11-24-09</u>	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH  <u>G37110</u> <u>Hilson, Rasheed J.</u> <u>DOB: 12-9-70</u>
STA RN SIGNATURE	DATE	
PCP SIGNATURE	DATE	
Attach Program Note page for additional information. <b>THIS FORM MUST BE RETURNED WITH THE PATIENT!!!</b>		

DISTRIBUTION:  
ORIGINAL - FILE IN CHR  
GREEN - TO UMR PENDING ORIGINAL  
CANARY - CONSULTANT  
PINK - UMR  
GOLD - SPECIALTY SCHEDULER

11/24/09



Exhibit AK

GENE HUGHES D.D.S.

Oral and Maxillofacial Surgery

NAME: Hilson, RashedAGE: 39DATE: 11/24/09

Risk and benefits informed including possible injury to inferior alveolar and lingual nerves for mandibular molars and sinus complications and potential needs for additional surgeries for maxillary pre & molars.

\* Past Medical History Verbal Confirmation: \_\_\_\_\_

\* Drug Allergies: \_\_\_\_\_

\* Medications: pen / ZORING

## Local Anesthetic:

- 1) \_\_\_\_\_ mg of Lidocaine 2% with epinephrine 1:50:000 \_\_\_\_\_ mg Epi. B.P.: \_\_\_\_\_ mmHg  
 2) 6.0 mg of Marcaine 0.5% with epinephrine 1:200:000 2 mg Epi.  
 3) \_\_\_\_\_ mg of Lidocaine 2% with epinephrine 1:100:000 \_\_\_\_\_ mg Epi. Pulse: \_\_\_\_\_ x min  
 4) \_\_\_\_\_ mg of Carbocaine 3% plain See Tape: \_\_\_\_\_  
 5) \_\_\_\_\_ mg of Citanest 4% plain

L.A. only	N2O/O2 Sedation	Oral Sedation	<input checked="" type="checkbox"/> General Anesthesia	start time
Tooth number	<u>2</u>	<u>21</u>		<u>9:15 AM</u>
Diagnosis	<u>non-restorable decay</u>	<u>non-restorable decay</u>		<u>9:50 AM</u>
Buccal Hockey Stick				<u>END TIME</u>
Vertical release	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Lingual flap				<u>* 35 min's</u>
Full thickness flap	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<u>ANESTHESIA</u>
Bone removed				<u>TIME</u>
Sectioned tooth				
Elevated	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Forceps				
Suture placed gut/silk	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Comments: #1 2 & 21 non-restorable decay; pain Epi. infected.

Full thickness flaps reflected & elevated with  
 straight elevation. 30 gut closed. #12 Irreversible pulpitis -  
 patient elects to restore #12.

Complications: noneReturn to Clinic for PO check: as needed

Post-operative instructions written and verbal

RX: 78 Pen VK 500 mg T qid60 Clindamycin 150/300 mg # 77 qid

# \_\_\_\_\_

# \_\_\_\_\_

Vicodin \_\_\_\_\_ mg # \_\_\_\_\_ 1-2 q 4-6 hours prn-pain

Tylenol \_\_\_\_\_ mg # \_\_\_\_\_ 1-2 q 4-6 hours prn-pain

20 Ibuprofen 600/800 mg # 1 1 q 6-8 hours prn-pain

Darvocet N100 # \_\_\_\_\_ 1-2 q 4-6 hours prn-pain

Suture removal: noneSedation Tech.: general anesthesia

Amoxicillin 500 mg \_\_\_\_\_ tid

Erythromycin 500 mg # \_\_\_\_\_ qid

# \_\_\_\_\_

# \_\_\_\_\_

COPY

Medications. Given in office: see general anesthesia sheet

Dr.: Gene Hughes D.D.S.  
 Oral and Maxillofacial Surgery

Exhibit ~~4~~ L

# GENE HUGHES, DDS

## ORAL & MAXILLOFACIAL SURGERY

PATIENTS NAME: Rasheed HilsonDATE: 11-24-09MAJOR ILLNESS: JawALLERGIES: shellfishCURRENT MEDS: Tylenol #3, Neurontin, baclofen**ASA I****TREATMENT CHECKLIST**

PRE-OP RX'S

POST OP RX'S

REFILLS/DATE

 PAIN \_\_\_\_\_  
 ANTIB \_\_\_\_\_  
 EDEMA \_\_\_\_\_

 PAIN \_\_\_\_\_  
 ANTIB \_\_\_\_\_  
 EDEMA \_\_\_\_\_

 PAIN \_\_\_\_\_  
 ANTIB \_\_\_\_\_  
 EDEMA \_\_\_\_\_  
 DOB 12-09-78
**REMOVED**

01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
RIGHT								LEFT							
A B C D E								F G H I J							
T S R Q P								O N M L K							

REASON REFERRED: DR: WCSF PHONE: \_\_\_\_\_

DATE:	# 2, 21 non-rest decay infection pain
	(Bone loss into foramen) #2 with mobility; (2) TMJ pain 2° crossbite
	#21 severe pulpitis - patient wishes to restore
12-24-09	Exam
	Diagnosis
	Penicillin
	# 2 surgical
	21 surgical
	(17) Tylenol

**COPY**

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NAME OF RN/ML/LPT	INITIAL	NAME OF RN/ML/LPT	INITIAL	NAME OF RN/ML/LPT	INITIAL	NAME OF RN/ML/LPT	INITIAL
E. L. Adams, RN	EL	J. M. Adams, RN	JM	A. J. Adams, RN	AJ	D. J. Adams, RN	DJ

ACETAMINOPHEN-COD #3 TABLET UD (00406-0484-62) acetaminophen with codeine phosphate  
 TAKE 2 TABLETS BY MOUTH TWICE A DAY CRUSH AND FLOAT \*\*DOT\*\* FLOORSTOCK

Fill Date: 10/23/2009      Orig Fill Date: 10/23/2009      Ref# 5004989-1  
 Days Supply: 30      Expire Date: 11/22/2009      Doctor: A. LEONG-MD

ACETAMINOPHEN-COD #3 TABLET UD (00406-0484-62) acetaminophen with codeine phosphate  
TAKE 2 TABLETS BY MOUTH TWICE A DAY CRUSH AND FLOAT \*\*DOT\*\* FLOORSTOCK

Fill Date: 10/23/2009	Orig <del>Fill</del> Date: 10/23/2009	Rx#: 5004989-1
Days Supply: 30	Expire Date: 11/22/2009	Doctor: A. LEONG-MD

**3ACLOFEN 10 MG TABLET UD (68084-0038-01) baclofen  
TAKE 1 TABLET BY MOUTH 3 TIMES A DAY \*\*DOT\*\***

Fill Date: 10/23/2009	Orig Fill Date: 10/23/2009	Rx#:6166027-1
Days Supply: 30	Expire Date: 11/22/2009	Doctor: A. LEONG-MD

[illegible]

**GABAPENTIN 600 MG TABLET UD (68084-0122-01) gabapentin**  
**TAKE 1 TABLET BY MOUTH 3 TIMES A DAY \*\*DOT\*\***

Fill Date: 10/23/2009	Orig Fill Date: 10/23/2009	Rx#:6166031-1
Days Supply: 30	Expire Date: 11/22/2009	Doctor: A. LEONG-MC

[illegible]

**Name: HILSON, RASHEED**  
**DOB: 12/9/1970**

Building: **NKSP-B5**  
CDCR # **G37110**

**Housing**  
**B5-139L**

**Additional Pages In Use**

Yes      No

**Allergies:** Shellfish

10/31/2009 10:11:50 PM

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CD-4

INITIAL

1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

100

Fill Date: 10/23/2008	Orig Fill Date: 10/23/2008	Rx#: 6008635-1
Days Supply: 30	Expire Date: 11/22/2008	Doctor: D (NKS) P GINES

Fill Date: 10/22/2008	Expire Date: 11/21/2008	Rx#: 6008580-1
Fill Date: 10/28/2008	Expire Date: 11/7/2008	Rx#: 6011158-1

## SHELLFISH

## Additional Pages In Use

2

10/31/2008 9:20:16 PM

**COPY**





Exhibit P

## MEDICATION RECONCILIATION - INACTIVE MEDICATIONS AS OF 11/26/2008 11:41:10 AM

Patient (DOB): HILSON, RASHEED (12/9/1970)  
 CDCR#: G37110 Unit#: B5-135L

Drug Name (Generic Name)

Last Dispense

Expiration Date

Refills Left

Rx # - Doctor

Qty

Days

NORTH KERN STATE PRISON

Page 7 of 36

<input type="checkbox"/> REFILLS:	PRN <input type="checkbox"/> KOP	ACETAMINOPHEN-COD #3 TABLET UD (acetaminophen with codeine phosphate)	SIG: TAKE 1 TABLET BY MOUTH 3 TIMES A DAY CRUSH AND FLOAT **DOT** **DOT	D/A 11/4/2008	**11/7/2008	0	286000182-2	42	4
<input type="checkbox"/> REFILLS:	PRN <input type="checkbox"/> KOP	ALBUTEROL 90 MCG INHALER (albuterol)	SIG: INHALE 2 PUFFS BY MOUTH EVERY 4 HOURS AS NEEDED FOR WHEEZING **KOP** **KOP	D/A 10/22/2008	**11/21/2008	1	286008580-1	17	30
<input type="checkbox"/> REFILLS:	PRN <input type="checkbox"/> KOP	*NF* CARNATION INSTANT BREAKFAST (nutritional supplement)	SIG: DRINK 1 CAN 3 TIMES A DAY X5DAYS-STOCK **MAR ONLY	D/A 11/6/2008	**11/11/2008	0	286015687-1	3,600	5
<input type="checkbox"/> REFILLS:	PRN <input type="checkbox"/> KOP	*NF* CARNATION INSTANT BREAKFAST (nutritional supplement)	SIG: DRINK 1 CAN 3 TIMES A DAY STOCK-ITEM TODAY **NA** **MAR ONLY	D/A 10/28/2008	**11/7/2008	0	286011158-1	250	30
<input type="checkbox"/> REFILLS:	PRN <input type="checkbox"/> KOP	GABAPENTIN 300 MG CAPSULE UD (gabapentin)	SIG: TAKE 1 CAPSULE BY MOUTH TWICE A DAY **NA** **N/A	D/A 11/21/2008	12/21/2008	0	286022247-1	60	30
<input type="checkbox"/> REFILLS:	PRN <input type="checkbox"/> KOP	GABAPENTIN 300 MG CAPSULE UD (gabapentin)	SIG: TAKE 1 CAPSULE BY MOUTH TWICE A DAY **NA** **N/A	D/A 10/23/2008	**11/21/2008	1	286008636-1	60	30
<input type="checkbox"/> REFILLS:	PRN <input type="checkbox"/> KOP	MAPAP 325 MG TABLET (acetaminophen)	SIG: TAKE 2 TABLETS BY MOUTH 3 TIMES A DAY AS NEEDED FOR PAIN **KOP** **KOP	D/A 10/23/2008	**11/22/2008	1.5	286008634-1	180	15
<input type="checkbox"/> REFILLS:	PRN <input type="checkbox"/> KOP	NEOMYCIN-POLYMYXIN-HC EAR SUSP (neomycin sulfate/polymyxin b)	SIG: INSTILL 3 DROPS INTO LEFT EAR 3 TIMES A DAY FOR 7 DAYS **KOP** **KOP	D/A 11/7/2008	**11/14/2008	0	286016346-1	10	7
							AUSTRIA, ALEX		

↑ ONLY CHANGE OR PROCESS CHECKED PRESCRIPTIONS

COPY

NEW PRESCRIPTION:

Allergies: Shellfish

SUBSTITUTION PERMITTED  
SIGNATURE

DATE

PROV#

DISPENSE AS WRITTEN  
SIGNATUREDEA# REQUIRED FOR  
CONTROLLED SUBSTANCES

MEDICATION RECONCILIATION

\*\*\* SEND TO PHARMACY ONCE COMPLETE \*\*\*

## MEDICATION RECONCILIATION - INACTIVE MEDICATIONS AS OF 12/13/2008 10:13:57 AM

Patient (DOB): HILSON, RASHEED (12/9/1970)  
 CDCR#: G37110 Unit#: AC4-143L

Drug Name (Generic Name)

Last Dispense Expiration Date Refills Left

NORTH KERN STATE PRISON

Page 2 of 3

<input type="checkbox"/> REFILLS:	PRN <input type="checkbox"/> KOP	ACETAMINOPHEN-COD #3 TABLET UD (acetaminophen with codeine phosphate)	D/A 12/3/2008	*12/4/2008	0	285000538-1	AUSTRIA-MD, A	1	1
		SIG: TAKE 1 TABLET BY MOUTH 1ST DOSE GIVEN CRUSH AND FLOAT **DOT** ** PROFILE ONLY							
<input type="checkbox"/> REFILLS:	PRN <input type="checkbox"/> KOP	ACETAMINOPHEN-COD #3 TABLET UD (acetaminophen with codeine phosphate)	D/A 12/3/2008	*12/10/2008	0	285000539-1	AUSTRIA-MD, A	21	11
		SIG: TAKE 1 TABLET BY MOUTH EVERY MORNING AND 2 TABLETS EVERY NIGHT AT BEDTIME AS NEEDED LOWER LIP PAIN CRUSH AND FLOAT PINK-SHEET **NA** ** N/A							
<input type="checkbox"/> REFILLS:	PRN <input type="checkbox"/> KOP	ACETAMINOPHEN-COD #3 TABLET UD (acetaminophen with codeine phosphate)	D/A 11/26/2008	*12/10/2008	0.464	285000466-1	LIBERSTEIN-MD, A	56	8
		SIG: TAKE 1 TABLET BY MOUTH EVERY MORNING & TAKE 1 TABLET BY MOUTH AT NOON & TAKE 2 TABLETS BY MOUTH EVERY EVENING AS NEEDED FOR LEFT EAR PAIN (CRUSH & FLOAT) PINK SHEET **DOT** ** DOT							
<input type="checkbox"/> REFILLS:	PRN <input type="checkbox"/> KOP	ACETAMINOPHEN-COD #3 TABLET UD (acetaminophen with codeine phosphate)	D/A 11/21/2008	*11/26/2008	0	285000341-2	LIBERSTEIN-MD, A	28	7
		SIG: TAKE 1 TABLET BY MOUTH EVERY MORNING & TAKE 1 TABLET BY MOUTH AT NOON & TAKE 2 TABLETS BY MOUTH EVERY EVENING AS NEEDED FOR LEFT EAR PAIN (CRUSH & FLOAT) PINK SHEET **DOT** ** DOT							
<input type="checkbox"/> REFILLS:	PRN <input type="checkbox"/> KOP	ACETAMINOPHEN-COD #3 TABLET UD (acetaminophen with codeine phosphate)	D/A 11/27/2008	*11/14/2008	0	285000297-1	AUSTRIA-MD, A	28	7
		SIG: TAKE 1 TABLET BY MOUTH EVERY MORNING & TAKE 1 TABLET BY MOUTH AT NOON & TAKE 2 TABLETS BY MOUTH EVERY EVENING AS NEEDED FOR LEFT EAR PAIN (CRUSH & FLOAT) PINK SHEET **DOT** ** DOT							
<input type="checkbox"/> REFILLS:	PRN <input type="checkbox"/> KOP	ALBUTEROL 90 MCG INHALER (albuterol)	D/A 10/22/2008	*11/21/2008	1	285000580-1	GINES, D	17	30
		SIG: INHALE 2 PUFFS BY MOUTH EVERY 4 HOURS AS NEEDED FOR WHEEZING **KOP** ** KOP							
<input type="checkbox"/> REFILLS:	PRN <input type="checkbox"/> KOP	*NF* CARNATION INSTANT BREAKFAST (nutritional supplement)	D/A 11/6/2008	*12/31/2008	0	285015687-1	GODGES-DDS, S	3,600	5
		SIG: DRINK 1 CAN 3 TIMES A DAY X5DAYS-STOCK ** MAR ONLY							
<input type="checkbox"/> REFILLS:	PRN <input type="checkbox"/> KOP	CEFTRIAXONE 1 GM VIAL (ceftriaxone sodium)	D/A 11/26/2008	*11/27/2008	0	285023856-1	AUSTRIA-MD, A	1	1
		SIG: 1GM IM X 1 DOSE-GIVEN ** PROFILE ONLY							
<input type="checkbox"/> REFILLS:	PRN <input type="checkbox"/> KOP	GABAPENTIN 300 MG CAPSULE UD (gabapentin)	D/A 11/21/2008	12/21/2008	0	285022247-1	LIBERSTEIN-MD, A	60	30
		SIG: TAKE 1 CAPSULE BY MOUTH TWICE A DAY **NA** ** N/A							
<input type="checkbox"/> REFILLS:	PRN <input type="checkbox"/> KOP	GABAPENTIN 300 MG CAPSULE UD (gabapentin)	D/A 10/23/2008	*11/21/2008	1	285000635-1	GINES, D	60	30
		SIG: TAKE 1 CAPSULE BY MOUTH TWICE A DAY **NA** ** N/A							

ONLY CHANGE OR PROCESS CHECKED PRESCRIPTIONS

NEW PRESCRIPTION:

Allegra: Shellfish

SUBSTITUTION PERMITTED  
SIGNATURE

DATE

PROV#

DISPENSE AS WRITTEN  
SIGNATURE

DEA# REQUIRED FOR  
CONTROLLED SUBSTANCES

MEDICATION RECONCILIATION

\*\*\* SEND TO PHARMACY ONCE COMPLETE \*\*\*

NF - Nonformulary Medication  
12/13/2008 10:13:57 AM

does this need to be  
refilled consistently, it  
was initially only for  
identical - co's state he appears  
to have no problem extending and he  
is not on "weights"

P12 review: Exhibit Q

Exhibit R

## MEDICATION RECONCILIATION - ACTIVE MEDICATIONS AS OF 11/4/2009 6:24:19 PM

Patient (DOB): HILSON, RASHEED (12/9/1970)  
CDCR#: G37710 Unit#: B5-139L

NORTH KERN STATE PRISON

Page 1 of 1

Drug Name (Generic Name)	Start Date	Last Dispense	Expiration Date	Rx # - Doctor	Refills Left	Qty	Days
<input type="checkbox"/> REFILLS: PRN <input type="checkbox"/> KOP <input type="checkbox"/> STOP ACETAMINOPHEN-COD #3 TABLET UD (acetaminophen with codeine phosphate) SIG: TAKE 2 TABLETS BY MOUTH TWICE A DAY CRUSH AND FLOAT **DOT** FLOORSTOCK ** MAR ONLY	10/23/2009	10/23/2009	11/22/2009	285004989-1	0	120	30
<input type="checkbox"/> REFILLS: PRN <input type="checkbox"/> KOP <input type="checkbox"/> STOP BACLOFEN 10 MG TABLET UD (baclofen) SIG: TAKE 1 TABLET BY MOUTH 3 TIMES A DAY **DOT** DOT	10/23/2009	10/23/2009	11/22/2009	286166027-1	0	90	30
<input type="checkbox"/> REFILLS: PRN <input type="checkbox"/> KOP <input type="checkbox"/> STOP GABAPENTIN 600 MG TABLET UD (gabapentin) SIG: TAKE 1 TABLET BY MOUTH 3 TIMES A DAY **DOT** DOT	10/23/2009	10/23/2009	11/22/2009	286166031-1	0	90	30
<input type="checkbox"/> REFILLS: PRN <input type="checkbox"/> KOP <input type="checkbox"/> STOP *NF* TRAMADOL HCL 50 MG TABLET UD (tramadol hcl) SIG: TAKE 1 TABLET BY MOUTH TWICE A DAY CRUSH AND FLOAT **DOT** FLOORSTOCK ** MAR ONLY	10/23/2009	10/23/2009	11/22/2009	286166025-1	0	60	30
				LEONG-MD, A.			

ONLY CHANGE OR PROCESS CHECKED PRESCRIPTIONS

NEW PRESCRIPTION:

Allergies: Shellfish

SUBSTITUTION PERMITTED  
SIGNATURE

DATE

PROV#

DISPENSE AS WRITTEN  
SIGNATUREDEA# REQUIRED FOR  
CONTROLLED SUBSTANCES

MEDICATION RECONCILIATION

\*\*\* SEND TO PHARMACY ONCE COMPLETE \*\*\*

NF - Nonformulary Medication  
11/4/2009 6:24:19 PM

COPY

[illegible]

**Doctor: A. LEONG-MD**

[illegible]

Rx#:6177348-1

**Rx#:6177273-1**

Rx#:6177280-1

**ACOPY**

Additional Pages In Use

No

11/25/2009 5:19:24 PM







## Sedgwick CMS

Sedgwick Claims Management Services, Inc

Professional Liability

P. O. Box 15398, Long Beach, CA 90815-0398

Telephone 562-492-1800 Facsimile 562-492-1899

January 26, 2009

Rasheed Hilson Sr.  
G37110 NKSP/A4-143L  
P. O. Box 5000  
Delano, CA 93216

Claimant(s)	: Rasheed Hilson Sr.
Claim Filed	: 12/22/2008 (for medical malpractice)
Sedgwick CMS File No.	: 9556-9567 County File No.: 08-1065828
PL Claims Specialist	: Craig McDonough

Dear Mr. Hilson:

We are liability claims administrators for the County of Los Angeles. The above-referenced claim that you filed with the Board of Supervisors has been referred to us for handling.

Please be advised that the claim you presented to the Los Angeles County Board of Supervisors is being denied because it was not presented within the 6-month period provided by law. See sections 901 and 911.2 of the Government Code. Because the claim was not presented within the time allowed by law, no action was taken on the claim.

### WARNING

Government Code section 911.3 provides that when a claim is denied because it was not presented within the time allowed by law, notice to the claimant shall so state and further give notice in substantially the following form:

"Your only recourse at this time is to apply without delay to the Los Angeles County Board of Supervisors for leave to present a late claim. See sections 911.4 to 912.2, inclusive, and section 946.6 of the Government Code. Under some circumstances, leave to present a late claim will be granted. See section 911.6 of the Government Code.

"You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately."

If you dispute the County's conclusion that your claim was untimely, the following warning may be applicable:

### WARNING

Subject to certain exceptions, you have only six (6) months from the date this notice was personally delivered or deposited in the mail to file a court action on this claim. See Government Code section 945.6.

Questions with respect to this claim should be directed to the assigned PL Claims Specialist, noted above, at Sedgwick CMS, P.O. Box 15398, Long Beach, California 90815

CM/sdh-2A

IN THE SUPERIOR COURT FOR THE COUNTY OF LOS ANGELES  
STATE OF CALIFORNIA

THE PEOPLE OF THE STATE OF CALIFORNIA, )  
Plaintiff, )  
)  
)  
vs. )  
)  
Rasheed Joel Hilson )  
Defendant. )  
\_\_\_\_\_ )

NO. SA 064844

**COURT ORDERED FILED**  
SUPERIOR COURT OF CALIFORNIA  
COUNTY OF LOS ANGELES

APR 28 2009

John A. Clarke, Executive Officer/Clerk  
By Sharon Thomas, Deputy

TO THE PARTIES AND THEIR ATTORNEYS OF RECORD:

Good cause appearing the Court enters the following orders:

- 1.) The Defendant's Petition to Continue Without Claims Requirement - Govt Code 945.4 shall be returned to defendant for filing in the proper Court and in compliance with the service requirements of C.C.P. section 1005. The claim can only be filed in the civil courthouse located at 111 N. Hill St., Los Angeles, CA 90012 and must be accompanied by a proof of service on the public entities against whom the defendant seeks to proceed as required by C.C.P. section 1005.

Dated: April 28, 2009



H. Chester Horn, Jr.  
Judge, Los Angeles Superior Court

**H. CHESTER HORN, JR.**



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): <b>Rasheed Hilson Sr.</b> <b>P.O. Box 9999</b> <b>Delano, CA, 93216</b>  TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF <b>Los Angeles</b>  STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	CASE NUMBER: _____
PLAINTIFF/ PETITIONER: <b>Rasheed Hilson Sr</b> DEFENDANT/ RESPONDENT: <b>USC Medical Center &amp; L.A. County Sheriff</b>	

**ORDER ON APPLICATION FOR WAIVER OF COURT FEES AND COSTS**

1. The application was filed on (date): **12-11-09** ☐ A previous order was issued on (date): \_\_\_\_\_
2. The application was filed by (name): **Rasheed Hilson Sr.**
3. ☐ IT IS ORDERED that the application is **granted** ☐ in whole ☐ in part (complete item 4 below).
- a. ☐ **No payments.** Payment of all the fees and costs listed in California Rules of Court, rules 3.61, is **waived**.
- b. ☐ **The applicant shall pay** all the fees and costs listed in California Rules of Court, rules 3.61, EXCEPT the following:
- |   |  |
|---|--|
| (1) <input type="checkbox"/> Filing papers.                     | (6) <input type="checkbox"/> Sheriff and marshal fees.                       |
| (2) <input type="checkbox"/> Certification and copying.         | (7) <input type="checkbox"/> Reporter's fees* (valid for 60 days).           |
| (3) <input type="checkbox"/> Issuing process and certification. | (8) <input type="checkbox"/> Telephone appearance (Gov. Code, § 68070.1 (c)) |
| (4) <input type="checkbox"/> Transmittal of papers.             | (9) <input type="checkbox"/> Other (specify code section): _____             |
| (5) <input type="checkbox"/> Court-appointed interpreter.       |  |
- Reporter's fees are per them pursuant to Code Civ. Proc., §§ 269, 274c, and Gov. Code, §§ 69947, 69948, and 72195.
- c. **Method of payment.** The applicant shall pay all the fees and costs when charged, EXCEPT as follows:
- (1) ☐ Pay (specify): \_\_\_\_\_ percent. (2) ☐ Pay: \$ \_\_\_\_\_ per month or more until the balance is paid.
- d. The clerk of the court, county financial officer, or appropriate county officer is authorized to require the applicant to appear before and be examined by the court no sooner than four months from the date of this order, and not more than once in any four-month period. ☐ The applicant is ordered to appear in this court as follows for review of his or her financial status:
- |             |             |              |             |             |
|-------------|-------------|--------------|-------------|-------------|
| Date: _____ | Time: _____ | Dept.: _____ | Div.: _____ | Room: _____ |
|-------------|-------------|--------------|-------------|-------------|
- e. ☐ The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.
- f. **All unpaid fees and costs shall be deemed to be taxable costs if the applicant is entitled to costs and shall be a lien on any judgment recovered by the applicant and shall be paid directly to the clerk by the judgment debtor upon such recovery.**
4. ☐ IT IS ORDERED that the application is **denied** ☐ in whole ☐ in part for the following reasons (see Cal. Rules of Court, rules 3.50–3.63):
- a. ☐ Monthly household income exceeds guidelines (Gov. Code, § 68511.3(a)(6)(B); form 982(a)(17)(A)).
- b. ☐ Other (Complete line 4b on page 2).
- c. The applicant shall pay any fees and costs due in this action within 10 days from the date of service of this order or any paper filed by the applicant with the clerk will be of no effect.
- d. The clerk is directed to mail a copy of this order to all parties who have appeared in this action.
5. ☐ IT IS ORDERED that a **hearing** be held.
- a. The substantial evidentiary conflict to be resolved by the hearing is (specify): \_\_\_\_\_
- b. The applicant should appear in this court at the following hearing to help resolve the conflict:
- |             |             |              |             |             |
|-------------|-------------|--------------|-------------|-------------|
| Date: _____ | Time: _____ | Dept.: _____ | Div.: _____ | Room: _____ |
|-------------|-------------|--------------|-------------|-------------|
- c. The address of the court is (specify): \_\_\_\_\_
- ☐ Same as above
- d. The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.

**NOTICE:** If item 3d or item 5b is filled in and the applicant does not attend the hearing, the court may revoke or change the order or deny the application without considering information the applicant wants the court to consider.

**WARNING:** The applicant must immediately tell the court if he or she becomes able to pay court fees or costs during this action. The applicant may be ordered to appear in court and answer questions about his or her ability to pay fees or costs.

Date: \_\_\_\_\_

☐

JUDICIAL OFFICER

☐

Clerk, by \_\_\_\_\_

Deputy

(Clerk may GRANT in full a nondiscretionary fee waiver; see Cal. Rules of Court, rules 3.56.)

Page 1 of 2

FW-003

PLAINTIFF/PETITIONER (Name):	CASE NUMBER:
DEFENDANT/RESPONDENT (Name):	

4b ☐ Application is denied in whole or in part (specify reasons):**CLERK'S CERTIFICATE OF MAILING**

I certify that I am not a party to this cause and that a true copy of the foregoing was mailed first class, postage prepaid, in a sealed envelope addressed as shown below, and that the mailing of the foregoing and execution of this certificate occurred at  
 (place): \_\_\_\_\_, California,  
 on (date): \_\_\_\_\_

Clerk, by \_\_\_\_\_, Deputy


(SEAL)

**CLERK'S CERTIFICATE**

I certify that the foregoing is a true and correct copy of the original on file in my office.

Date:

Clerk, by \_\_\_\_\_, Deputy

From: Rasheed Hilson (Plaintiff)  
TO: Clerk of US Central District

RE: Need 'IN Forma Pauperis' also rules of Court. Lastly a 'Toll' form

Dear Clerk,

My Name is Rasheed Hilson. Hi, I'm writing you because I am diligently trying to put forth a viable claim, however, I'm a lame when it comes to the intricacies of doing so.

One of my main problems is the fact that none of my grievances were answered. I filed a tort claim which was denied based on me not fulfilling the process under Gov't Code 9454. Along with this letter is a copy of one of the denial letters and an informative Court Order from Judge H. Chester Horn, Jr.

Please note that I filed the appropriate petition with the appropriate courthouse. However, also note that I've been like a bouncing ball since I left L.A. County Jail on 10-22-08, plaintiff was sent to North Kern State Prison (Delano). On 12-28-08, plaintiff was sent to Riverside County Jail. While there I filed the petition around June, or maybe even the end of May. I never received a response. In the body of plaintiff's petition, plaintiff noted that his grievances were never answered. Plaintiff also sent the carbon copy of these grievances along with plaintiff's petition.

I was sent back to Delano, on 10-23-09. I've written to the court expressing my dilemma, however, just two minutes ago I was told that I will be sent back to L.A. County Jail for court again (12-14-09).

As you can see it is hard for me to be at one place long enough to receive my legal mail.

My question is this, do I still need to file a writ of habeas corpus along with this (not in the same court). Once I receive the case number I plan on sending it to you as noted in the body of my claim. OR should I ask the civil courthouse for

a copy of the grievances. The grievances at L.A. County are in triplicate. So once you fill one out you keep your copy to prove you filed one, even if they didn't answer you have the proof. Or sense nothings been done to my <sup>Jaw</sup>teeth should I file one when I get there and send you the response?

Please advise because I'm being stone walled at every turn.

Also I have not been able to retrieve a legit copy of an 'In Forma Pauperis' from the law library here at Delano or anywhere I've been. I've written requesting to have one sent, but no answer to any of my request. Can you send me three copies (for safe keepings) So I've written my own Motion for 'In Forma Pauperis'. I hope it is sufficient enough to proceed. My actual deadline is the end of January beginning of February when the doctor actually knew of the mistake. However, I knew the day it was done, but nobody would listen to me. But because I knew, I'm not sure if my time starts there or not. Please advise.

Because I'm suing LA County Jail, along with USC Medical Center, I have fear of reprisal while there. I still have not been able to retrieve a copy of my medical records from both places so the names of defendants are unknown. Can the court order for me my medical records? (From both places) Please advise.

Also can you send me a copy of your rules of court and a 'Toll' form if applicable.

If you can spare two self addressed stamped envelopes (Manila) because I am indigent it  
-over-

will be abundantly appreciated.

Please note that I was not able to make a copy of my claim, Exhibits, or anything else. If by chance you can make a copy of my claim + exhibits, it will be appreciated. And if for any reason you are not able to process my claim please state your reasons and return with a stamped Manila envelope, I will fix and return to you promptly. I hope my long windedness doesn't prevent us from forging a good working relationship with one another. Your time and attention to this matter is very much appreciated.

Hope to hear from you soon. It seems like you can reach me at L.A. County Jail, I'm going to try mailing this here because it's free for the indigent.

Thanks Again.

Sincerely,

Rasheed Wilson